
SECTION 4

THE PROVIDER MENU 2

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The Provider Menu

Figure 1 is the *Provider Menu*. Two choices are available in the Provider menu: “Provider Information” and “Provider Yearly Transfer”.

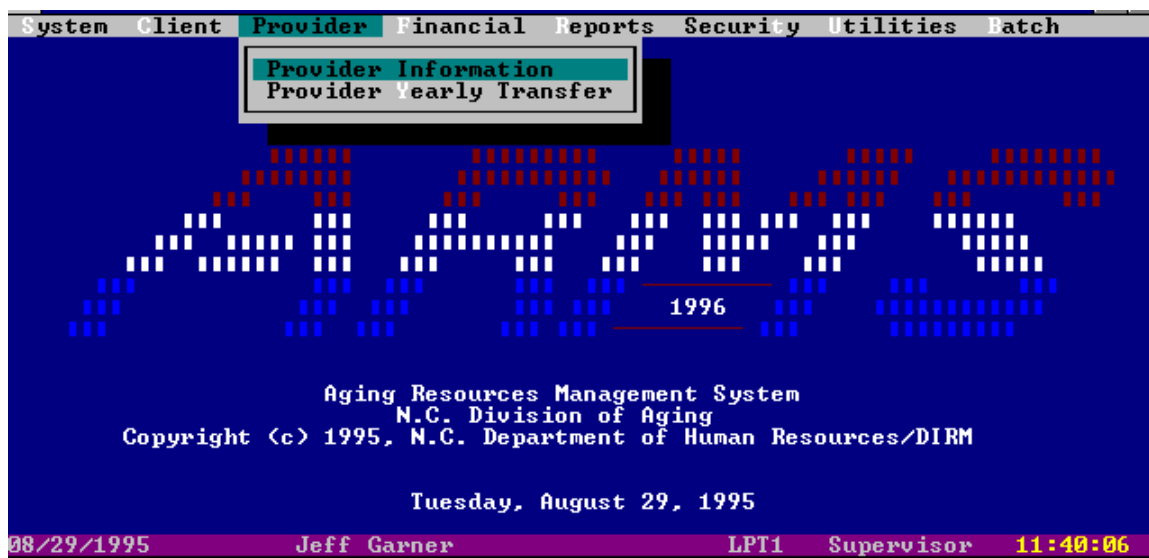


Figure 1 Provider Menu

Provider Information

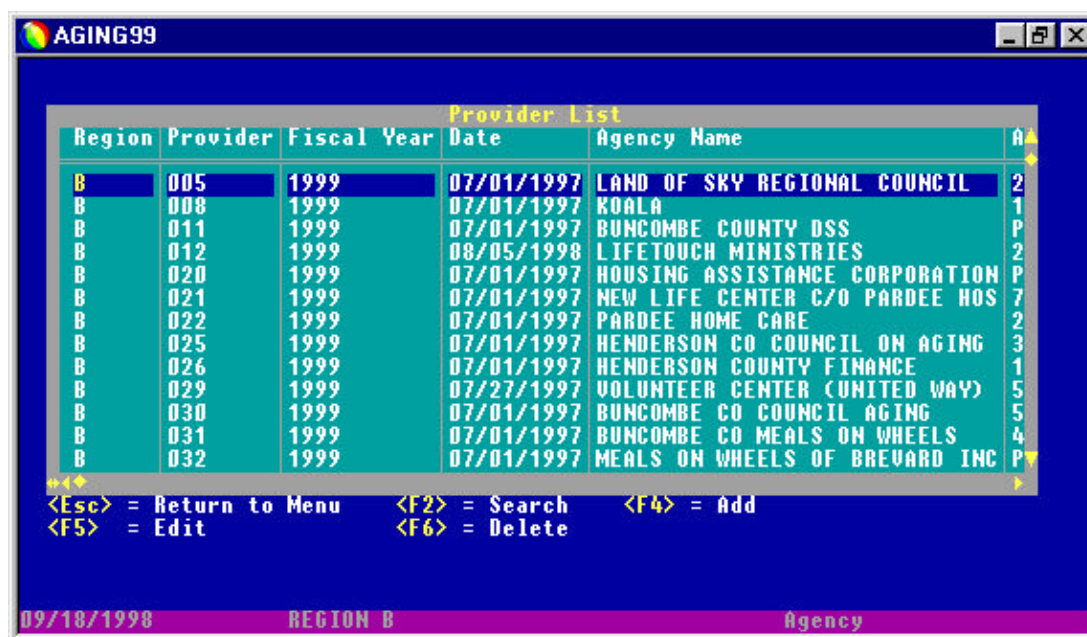


Figure 2 Provider List Browse Screen

When Provider Information is selected from the Provider Menu (Figure 1), the *Provider List Browse Screen* in Figure 2 is displayed. You can edit/view (<F5>) records chosen from the

Provider Browse Screen. To save information and return to the Provider Browse Screen, press the <Ctrl-W> button. To cancel any modifications that have been made to the data and return to the Provider Browse Screen, press the <Esc> button. The user cannot change any item in red, such as a provider code, fiscal year, or provider name.

Key	Search Value
Region	= B
Provider	= [Red Box]
Fiscal Year	= [Red Box]
< Search > < Cancel >	

The Search function (<F2>) can be used on this screen. If you have Agency level security you can view all the provider agencies in the region. Provider level security only allows the user to edit or view their provider agency information.

The *Provider Information Screen* in Figure 3 is displayed after the “Add” or “Edit” button has been chosen from the Provider Browse Screen. To save information and return to the Provider Browse Screen, press the <Ctrl-W> button. To cancel any modifications that have been made to the data and return to the Provider Browse Screen, press the <Esc> button.

AGING99 PROVIDER INFORMATION

Region: B Provider: 080 Fiscal Year: 1999 Date: 07/01/1997

Agency Name: LAND OF SKY REGIONAL COUNCI Telephone: 828-251-6622
 Address: 25 HERITAGE DRIVE Fax: (Optional) 828-251-6353
 City: ASHEVILLE State: NC Zip: 28806-
 Email Addr: (Optional) arlene@landofsky.org
 Web Page: (Optional) http://main.nc.us/landofsky/index.html

Contact1: ARLENE WILSON Title1: FINANCE OFF
 Contact2: LINDA MULLIS Title2: COORDINATOR

Type of Agency: Non-Profit, Profit, Public, Minority
 Type of Services: Support, Congregate, Home Delivery
 F O R NUTRITION PROVIDERS ONLY:
 # of Serving Days: 0
 # of Delivery Days: 0

Date of Last Update: 06/23/1999
 By: LINDA OWENS

<Ctrl-W> = Save & Return <Esc> = Return to Menu

Figure 3 Provider Information Screen

Depending on the security level of the user, certain fields will be disabled. ***Only users with “Supervisor” level of security can “Add” new providers or change items that are disabled.***

If this screen is in “Edit” mode, the fields will be filled in with data from the record that was selected on the browse screen. Only the address, telephone, and contact information can be edited. Save any changes by using the <Ctrl-W> button. *Users are encouraged to keep addresses, phone numbers and contact person information updated.*

If this screen is in “Add” mode, the fields will be blank except for fields that have been disabled. These blank fields can be filled with data and then saved using the <Ctrl-W> button. The Date field will default to the current date because the current date is the one that will most often be used when adding a record. Only Supervisor level of security can add provider information.

The Region, Provider, Fiscal Year, ZIP and Agency fields must be filled in before the information can be saved. If these fields are left blank, or if the Provider code is not valid, a message will be displayed on the screen describing what information needs to be added. The cursor will be positioned on the field that needs to be corrected. When the necessary changes have been made, press the <Ctrl-W> to save the data.

Provider Information Form Summary of Fields

Entry Field	Contents
Region	The Region field cannot be left blank. If an invalid code is entered, a list of valid codes will be displayed. Pressing the F1 or Ctrl+F1 keys will also display the list of valid codes.
Provider	This is the provider code assigned by DOA. The Provider field cannot be left blank.
Fiscal Year	Must be a valid year in the YYYY format that is either the current or a previous year.
Date	A valid date in the form MM/DD/YYYY
Agency Name	The name of the Agency providing the service cannot be left blank.
Telephone	The telephone number of the Agency. Include area code
FAX Number	Enter fax number of the Agency. Include area code (OPTIONAL)
Address	The street name of the Agency.
City	The city the Agency is located in.
State	The State the Agency is located in.
E-Mail Address	Enter the e-mail address of the main contact person for Aging Services (OPTIONAL)
Web Page	Enter the Internet Web Page for the Agency if one exists (OPTIONAL)
Zip	The zip code of the Agency. The first five digits must be completed.
Contact 1	A person to contact at the Agency.
Contact 2	An alternate person to contact.
Title 1	The title of Contact 1
Title 2	The title of Contact 2
Type of Agency	The type of Agency will be either Non Profit, Public, or Profit. When a “Y” is typed in for any one of the three selections, an “N” will automatically be placed in the other two fields.
Non Profit	Non-Profit field (“Y”, “N”, or leave blank).
Public	Public field (“Y”, “N”, or leave blank).
Profit	Profit field (“Y”, “N”, or leave blank).
Minority	Minority field (“Y”, “N”, or leave blank).
Type of Service	The type of Services can be Congregate, Support, and/or Home Delivery. Any combination of the three can be selected.
Congregate	Congregate field (“Y”, “N”, or leave blank).
Support	Support field (“Y”, “N”, or leave blank).
Home Delivery	Home Delivery field (“Y”, “N”, or leave blank).
# of Serving Days:	Number of Serving days for nutrition Providers only.

# of Delivery Days:	Number of Delivery days for nutrition Providers only.
Date of Last Update	Represents date the record was saved by pressing Ctrl-W . This is not entry field and is automatically filled in by system.
By	Represent user name that saved the record. This is not entry field and is automatically filled in by system.

Date of Last Update: 06/23/1999
By: LINDA OWENS

Provider Yearly Transfer

Figure 4 below is the *Provider Yearly Transfer Screen*. The transfer of Fiscal Year information from one year to another only takes place at the beginning of a new fiscal year. To begin the transfer, select the **<Transfer>** button. Otherwise, the **<Cancel>** button will abort the procedure.



Figure 4 Yearly Transfer Confirmation Screen

NOTE: Only users with **Supervisor** level of security can perform this function.